## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10159918											3	
		CLAIMS	AS FILED -		İ	(Column 2)	SMALL EN TYPE		TITY	OR.		R THAN ENTITY
U.S	. NATIONAL	. STAGE FEES				· · · · · · · · · · · · · · · · · · ·		RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LAF	RGE ENT. = \$ 300	BA	SIC.FEE	150	OR	BASIC FEE	
EXAMINATION FEE			Satisfies PCT-Article 33(1)- (4) = \$50 / \$100			other-situations = \$ 100 / \$ 200	EX	AM. FEE	11/1/	<b>.</b> .	EXAM, FEE	
SEARCH FEE			U.S. Is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			other situations = \$ 250 / \$ 500	SE	ARCH FEE	270		SEARCH FEE	
FEE FOR EXTRA SPEC. PGS.			min	us 100 =		/ 50 <b>=</b>	>	(\$ 125 =	10,000		X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			g mi	nus 20 =				X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			2 "	ninus 3 =	*		×	\$ 100 =	·	OR	X \$ 200 =	
MUL	TIPLE DEPEN	IDENŤ CLAIM PR	ESENT				+	\$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							<u>.</u>	TOTAL	450	OR	TOTAL	
<del></del>	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE .	ADDI-" TIONAL FEE
	Total	*	Minus	**		=	×	(\$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	X	\$ 100 =	-	OR.	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						. +	\$ 180 =		OR	+ \$ 360 =	
4				•			TO	FEE	·	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
NT B		CLAIMS REMAINING · AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**		=	X	\$ 25 =	÷.	OR	X \$ 50 =	
AMENDMENT	Independent	*	Minus	***		=	X	\$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM + \$ 180 =									OR	+ \$ 360 =	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
•	if the entry in colu	ımın 1 is less than the	e entry in column 2	, write "0" in	column	1 <b>3</b> .				,		

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)